

<h1 style="margin: 0;">CLAIMS ONLY</h1>				Application Number <div style="font-size: 24pt; font-family: cursive;">09/9/4198</div>		Filing Date	
				Applicant(s)			
* May be used for additional claims or amendments							

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total Indep	4					
Total Depend	17					
Total Claims	21					

	Indep	Depend	Indep	Depend	Indep	Depend
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Filing Date

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